

SCC eFile

**2014 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION**

214554615

1.) CORPORATION NAME:

DUE DATE: **12/31/2014****VIRGINIA CANCER INSTITUTE INCORPORATED**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **01811637****THOMAS W MCCANDLISH****MCCANDLISH HOLTON, PC****1111 EAST MAIN STREET, SUITE 2100**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000

**RICHMOND, VA**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 6605 W BROAD STREET, SUITE A

CITY/ST/ZIP: RICHMOND, VA 23230

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	REED BRIAN MITCHELL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	6605 WEST BROAD ST, SUITE A		
CITY/ST/ZIP/CO:	RICHMOND, VA 23230		
NAME:	ELKE K FRIEDMAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	6605 WEST BROAD STREET SUITE C		
CITY/ST/ZIP/CO:	RICHMOND, VA 23230		
NAME:	PABLO M GONZALEZ	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VP/T		
ADDRESS:	6605 W BROAD ST		
CITY/ST/ZIP/CO:	STE C RICHMOND, VA 23230		
NAME:	JOSEPH P EVERS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	OFFICER		
ADDRESS:	6605 W BROAD STREET SUITE C		
CITY/ST/ZIP/CO:	RICHMOND, VA 23230		
NAME:	SHARON GOBLE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	OFFICER		
ADDRESS:	6605 WEST BROAD ST, SUITE A		
CITY/ST/ZIP/CO:	RICHMOND, VA 23230		
NAME:	MAURA KELLY HAGAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	OFFICER		
ADDRESS:	6605 WEST BROAD ST, SUITE A		
CITY/ST/ZIP/CO:	RICHMOND, VA 23230		

NAME:	JAMES L KHATCHERESSIAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	OFFICER		
ADDRESS:	6605 WEST BROAD ST, SUITE A		
CITY/ST/ZIP/CO:	RICHMOND, VA 23230		
NAME:	LAWRENCE M LEWKOW	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	OFFICER		
ADDRESS:	6605 WEST BROAD ST, SUITE A		
CITY/ST/ZIP/CO:	RICHMOND, VA 23230		
NAME:	JAMES T MAY III	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	OFFICER		
ADDRESS:	6605 W BROAD ST		
CITY/ST/ZIP/CO:	STE C RICHMOND, VA 23230		
NAME:	JOSHUA J MCFARLANE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	OFFICER		
ADDRESS:	6605 WEST BROAD ST, SUITE A		
CITY/ST/ZIP/CO:	RICHMOND, VA 23230		
NAME:	ATTIQUE SAMDANI	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	OFFICER		
ADDRESS:	6605 WEST BROAD ST, SUITE A		
CITY/ST/ZIP/CO:	RICHMOND, VA 23230		
NAME:	GISA G SCHUNN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	OFFICER		
ADDRESS:	6605 WEST BROAD ST, SUITE A		
CITY/ST/ZIP/CO:	RICHMOND, VA 23230		
NAME:	MAURICE C SCHWARZ	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	OFFICER		
ADDRESS:	6605 W BROAD ST		
CITY/ST/ZIP/CO:	STE C RICHMOND, VA 23230		
NAME:	DAVID F TRENT	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	OFFICER		
ADDRESS:	6605 WEST BROAD ST, SUITE A		
CITY/ST/ZIP/CO:	RICHMOND, VA 23230		
NAME:	WILL R VOELZKE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	OFFICER		
ADDRESS:	6605 WEST BROAD ST, SUITE A		
CITY/ST/ZIP/CO:	RICHMOND, VA 23230		
NAME:	SEABORN MCDONALD WADE III	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	6605 WEST BROAD ST, SUITE A		
CITY/ST/ZIP/CO:	RICHMOND, VA 23230		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ REED BRIAN MITCHELL	REED BRIAN MITCHELL,	12/31/2014	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRESIDENT	DATE	
	PRINTED NAME AND CORPORATE TITLE		

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.